

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/069357	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43	2					
44	1					
45	1					
46	1					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
61	3		67	1		73
62	3		68			74
63	3		69			75
64	3		70			76
65	3		71			77
66	1		72			78
67			73			79
68			74			80
69			75			81
70			76			82
71			77			83
72			78			84
73			79			85
74			80			86
75			81			87
76			82			88
77			83			89
78			84			90
79			85			91
80			86			92
81			87			93
82			88			94
83			89			95
84			90			96
85			91			97
86			92			98
87			93			99
88			94			100
89			95			
90			96			
91			97			
92			98			
93			99			
94			100			
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	47					
TOTAL CLAIMS	51					